

# Mosaic Gardens at Huntington Park Apartments –

## MHSA TAY Units

**\*Scheduled to open January 2014\*** Mosaic Gardens at Huntington Park Apartments will offer supportive housing designed for households certified as Transition Age Youth (TAY), MHSA eligible, and actively receiving services from the Department of Mental Health.

Dear Applicant(s)/Case Manager,

Thank you for your interest in applying to live at Mosaic Gardens at Huntington Park Apartments. Mosaic Gardens at Huntington Park Apartments is a new apartment community located at 6337 Middleton Street, Huntington Park, CA 90255.

Affordable rents are income-restricted in accordance with the Low Income Housing Tax Credit (LIHTC) program and other regulatory agreements. There are no minimum income requirements in MHSA units. Mosaic Gardens is a smoke-free community.

Number of MHSA Units	Income Limits by AMI	Other Restrictions
15	30%	Homeless/TAY

**To apply, please first obtain a MHSA Certification through the Department of Mental Health (DMH). The DMH application is available on their website. Mail the completed rental application with a copy of the approved DMH MHSA Housing Certification as soon as possible to:**

Mosaic Gardens at Huntington Park Apartments  
c/o The John Stewart Company  
888 S. Figueroa St., Suite 700  
Los Angeles, CA 90017

Please make sure the application is signed. Applicant package must include the completed signed rental application and approved MHSA Housing Certification. Applicants may be entitled to reasonable accommodations.

Please mail your application via US Post Office first class mail only. We will not accept applications that are over-nighted, faxed or hand-delivered. Each applicant may submit only one application. Submission of duplicate applications may result in disqualification. Incomplete applications may be rejected.

**Our complete Resident Selection Criteria is available upon request. We look forward to serving your housing needs.**

### RENTS AND NUMBER OF MHSA UNITS:

Seven Studios	Six 1-Bedroom units	One 2-Bedroom units	One 3-Bedroom units
Approximately 30% of applicant's income			

### MAXIMUM ANNUAL INCOME (Based upon 2013 AMI) Subject to Change

# Persons In Household	Maximum Income	# Persons In Household	Maximum Income
1	\$17,400	2	\$19,890
3	\$22,380	4	\$24,840
5	\$26,850	6	\$28,830
7	\$30,810		



For questions about the DMH process:  
(213) 251-6558  
For questions about the rental application:  
(213) 787-2700  
Telephone Device for the Deaf: 711

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APPLICATION FOR ADMISSION - DO NOT DUPLICATE

# Mosaic Gardens at Huntington Park Apartments - MHTA TAY Units



MHTA apartments for persons who are certified as MHTA eligible by the Department of Mental Health.

Mosaic Gardens at Huntington Park Apartments will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition. TDD Telephone device for the deaf only (888) 877-5379 or California Relay Service (711).

**Please fill in all blanks. Incomplete applications will not be processed.**

**APPLICANT NAME:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_ **OTHER WORK #:** \_\_\_\_\_

**CELL PHONE #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**REFERRING CASE MANAGEMENT ORGANIZATION:**

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_

**Applicant:**

LAST NAME	FIRST NAME	BIRTHDATE (MM/DD/YYYY)	SOC. SEC. #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DO YOU OWN A CAR? \_\_\_\_\_ WOULD YOU REQUIRE A PARKING SPACE? \_\_\_\_\_

**CURRENT HOUSING STATUS**

How many people live in your home now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

Have you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? \_\_\_\_ YES \_\_\_\_ NO. If "YES", please explain \_\_\_\_\_

Do you plan to have anyone living with you in the future who is not listed above?  
\_\_\_\_ YES \_\_\_\_ NO. IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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If you have listed a child or children above, do you have full custody of your child(ren) listed above? \_\_\_\_  
YES \_\_\_\_ NO. Explanation of custody arrangements: \_\_\_\_\_

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Have you or anyone you plan to have living with you been convicted of a crime?  
\_\_\_\_ YES \_\_\_\_ NO. If "YES", please list the disposition behind each incident involving all members of the  
proposed household: \_\_\_\_\_

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Do you have any family members or friends who currently work at this property?  
YES. \_\_\_\_ If "YES", name of employee: \_\_\_\_\_ NO.  
\_\_\_\_\_

Do you have a section 8 voucher or certificate? \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Yes No

**Please list at least two (2) years of rental history below.**

1. **CURRENT LANDLORD:** \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
WHAT IS YOUR CURRENT RENT? \_\_\_\_\_  
LANDLORD'S ADDRESS: \_\_\_\_\_  
DATE OF MOVE-IN: \_\_\_\_\_  
YOUR ADDRESS/APT. #: \_\_\_\_\_
  
2. **PREVIOUS LANDLORD:** \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
RENT AMOUNT: \$ \_\_\_\_\_  
LANDLORD'S ADDRESS: \_\_\_\_\_  
DATE OF MOVE-IN: \_\_\_\_\_ DATE OF MOVE-OUT: \_\_\_\_\_  
YOUR ADDRESS/APT. #: \_\_\_\_\_

**MOSAIC GARDENS AT HUNTINGTON PARK IS A SMOKE FREE COMMUNITY.** Smoking is prohibited on the property, including  
but limited to all units and common areas.

Are you or anyone you plan to have living with you a smoker? YES. \_\_\_\_ NO. \_\_\_\_

**INCOME INFORMATION**

Does any family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
_____	_____	Employment*	_____	_____	AFDC/GA ("Welfare")
_____	_____	Self-Employment	_____	_____	Unemployment Compensation
_____	_____	Social Security/ SSI	_____	_____	Pension/ Retirement Fund
_____	_____	Scholarship/Student Aid	_____	_____	Disability/Death Benefits
_____	_____	Insurance Policy	_____	_____	Severance Pay
_____	_____	Annuities	_____	_____	Strike Benefits
_____	_____	Alimony or Child Support	_____	_____	Regular Contribution or Gift
_____	_____	Award			(for rent, utilities, groceries, car
_____	_____	Other			Payment, insurance, etc. )

HOUSEHOLD'S TOTAL ANNUAL INCOME \$ \_\_\_\_\_

**Assets.**

- A. Check "YES" if any family member has one or more of that type of asset.
- B. Check "NO" if no family member has that type of asset.
- C. Check "DIVESTED" if any family member has disposed of that type of asset for less than fair market value within the past 24 months.

<u>YES</u>	<u>NO</u>	<u>DIVESTED</u>	
_____	_____	_____	Saving Account
_____	_____	_____	Checking Account
_____	_____	_____	Trust
_____	_____	_____	Real Estate, Rental Property, Rent
_____	_____	_____	Money Market Fund
_____	_____	_____	Stocks, Bonds, Treasury Bills, Certificate or Deposit Ira or Keogh
_____	_____	_____	Retirement or Pension Fund
_____	_____	_____	Inheritance, Lottery Winnings, Insurance Settlement Due
_____	_____	_____	Capital Gains, Capital Investments
_____	_____	_____	Personal Property held as an investment (Gems, Autos, Art, Etc.)
_____	_____	_____	Other: _____

HOUSEHOLD'S TOTAL ASSETS: \$ \_\_\_\_\_

**Student Status**

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students ( Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for mobility impairment? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require special unit design features for visual impairment? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require special unit design features for hearing impairment? Yes \_\_\_\_\_ No \_\_\_\_\_

**APPLICANT CERTIFICATIONS**

1. I certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
4. I understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.
7. I agree to allow management to contact, provide status and information request through and coordinate eligibility with the case management organization listed on the front page of this application.
8. Housing is subject to availability.

Name (PLEASE PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

# **Mosaic Gardens at Huntington Park Apartments**

## **GROUNDS FOR DENIAL OF RENTAL APPLICATION**

We welcome your application to rent an apartment at Mosaic Gardens at Huntington Park Apartments. It is the responsibility of each applicant to provide any and all information required to determine eligibility. **Persons with Disabilities may be entitled to reasonable accommodations.** Applicants will be made aware of their right to reasonable accommodation in cases where disability status is a contributing factor to poor credit or evictions. The following lists the reasons why we might deny your application:

1. **Credit** (An exception for extraordinary medical expenses may be permitted.)
  - a) Total unmet individual credit problems (including governmental tax liens) in excess of \$5,000.
  - b) A bankruptcy (within the last three years).
  - c) A total of five (5) unmet credit obligations of any value.
  
2. **Rental History**
  - a) A judgment against an applicant obtained by the current or previous landlord.
  - b) An unmet obligation owed to a previous landlord or negative landlord reference.
  
3. **Personal History**
  - a) A history of violence or abuse, (physical or verbal), in which the applicant was determined to be the antagonist.
  
4. **Criminal History**
  - a) A criminal conviction related to the sales or manufacturing of narcotic or illegal substances.
  - b) A criminal conviction related to a violent crime.
  - c) A criminal conviction relating to a sex offense.
  
5. **Annual Income/Occupancy standard/other program regulations**
  - a) Annual Income (including assets) not within the established restrictions for the property.
  - b) Household size must meet the established occupancy standard for the property.
  - c) Applicant must meet all program regulated eligibility requirements.
  - d) Units composed entirely of full-time students do not qualify to reside in tax credit properties. However, there are exceptions as outlined by the IRS under Section 42 of the Internal Revenue Code.
  
6. **Documentation**

Each potential occupant must provide all documentation required by the selection process. If an applicant does not show up for an interview, or provide at a minimum the following documentation it is grounds for denying your application:

  - a) Completed and signed application, release of information, and application fee (If applicable).
  - b) Housing references covering the last two years of residency.
  - c) Applicants who have not held a rental agreement for a minimum period of twelve months within the last two years may be required to provide references from a person not related to the applicant.
  - d) Applicant must demonstrate their ability to pay rent and live independently with assistance if necessary.
  - e) Proof of income sources and assets, including the two most recent income payments (i.e. pay check stub, social security or other independent verifications).
  - f) Copy of most recent bank statements or other accounts (IRA, stocks, mutual funds, etc.)
  
7. **Offer of an Apartment**

Applicants will be offered only one apartment. Declining the offer of an apartment is considered to be a withdrawal of the application by the applicant.

**Our complete Resident Selection Criteria is available at the Rental Office upon request.**

### **EQUAL HOUSING OPPORTUNITY**

